



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**REQUEST FOR SEARCH OF  
 PUTATIVE FATHER REGISTRY**

Forward original request to:  
 MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF VITAL RECORDS  
 P.O. BOX 570  
 JEFFERSON CITY, MO 65102-0570

Section 192.016 RSMo requires the Missouri Department of Health and Senior Services to establish a putative father registry which allows a father of an out-of-wedlock child to file a notice of intent to claim paternity. Upon request, the Department is to "provide the names and addresses of persons listed with the registry to any court or authorized agency, or entity or person named in section 453.014 RSMo". Those named in section 453.014 RSMo include:

- 1) The Division of Family Services of the Department of Social Services;
- 2) A child placing agency licensed pursuant to section 210.481 to 210.536, RSMo;
- 3) The child's parents, without the direct or indirect assistance of an intermediary, in the home of a relative of the child within the third degree;
- 4) An intermediary, who shall include an attorney, licensed pursuant to chapter 484 RSMo; a physician licensed pursuant to Chapter 334, RSMo; or a clergyman of the parents.

The information shall not be divulged to any other person, except upon order of a court for good cause shown.

**PLEASE PRINT OR TYPE SECTION ONE - COMPLETED BY REQUESTING AGENT**

**CHILD'S INFORMATION**

CHILD'S NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH (MONTH/DAY/YEAR)
PLACE OF BIRTH (CITY, COUNTY, STATE)	HOSPITAL OF BIRTH

**MOTHER'S INFORMATION**

NAME (FIRST, MIDDLE, LAST)	MAIDEN
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**FATHER'S INFORMATION**

NAME (FIRST, MIDDLE, LAST)
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**AUTHORIZED AGENCY, ENTITY OR PERSON**

NAME OF REQUESTING AGENCY	AGENCY CAUSE NO.
NAME OF REQUESTING AGENT, ENTITY OR PERSON	TITLE OF AGENT
SIGNATURE OF AGENT, ENTITY OR PERSON	DATE
IF RELATIVE, HOW RELATED? SPECIFY ( <i>MOTHER, FATHER, BROTHER, SISTER, GRANDMOTHER, GRANDFATHER</i> )	
IF INTERMEDIARY, CHECK ONE: <input type="checkbox"/> LICENSED ATTORNEY <input type="checkbox"/> LICENSED PHYSICIAN <input type="checkbox"/> CLERGY OF THE PARENT	
CURRENT MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER

**SECTION TWO - COMPLETED BY BUREAU OF VITAL RECORDS**

A NOTICE OF INTENT TO CLAIM PATERNITY FILED WITH BUREAU: <input type="checkbox"/> Yes <input type="checkbox"/> No	A FATHER'S NAME APPEARS ON THE REGISTRY: <input type="checkbox"/> Yes <input type="checkbox"/> No
IF FATHER'S NAME APPEARS ON THE REGISTRY, INDICATE PROCEDURE USED <input type="checkbox"/> NOTICE OF INTENT <input type="checkbox"/> ADDED BY COURT ORDER <input type="checkbox"/> ADDED BY AFFIDAVIT ACKNOWLEDGING PATERNITY <input type="checkbox"/> ADDED BY DSS ORDER	
DATE A NOTICE OF INTENT WAS FILED WITH THE BUREAU (MONTH/DAY/YEAR)	DATE CHANGE OF ADDRESS WAS REGISTERED (MONTH/DAY/YEAR)

**INFORMATION ON REGISTRY**

**FATHER'S INFORMATION**

NAME (FIRST, MIDDLE, LAST)
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)